



General Services Division  
333 West Nye Lane, Suite 100  
Carson City, Nevada 89706  
Telephone (775) 684-6262 – Fax (775) 687-3232

[www.gsd.nv.gov](http://www.gsd.nv.gov)

FOR RECORDS USE ONLY

UPDATED \_\_\_\_\_

DATE: \_\_\_\_\_

## CIVIL APPLICANT ACCOUNT UPDATE FORM

**Items being added/changed:** (Check **ALL** that apply):

- |  |  |                                     |
|--|--|-------------------------------------|
| <input type="checkbox"/> Physical Address  | <input type="checkbox"/> Mailing Address |                                     |
| <input type="checkbox"/> E-Mail Address    | <input type="checkbox"/> Federal Tax ID  | <input type="checkbox"/> Add NRS    |
| <input type="checkbox"/> Contact Person(s) | <input type="checkbox"/> Phone Number    | <input type="checkbox"/> Fax Number |

### **Company Information:**

***(If updates are needed for multiple accounts, please submit an update form for each individual account)***

Company Name:	
Federal Tax ID#:	Account number:
Email address:	

**Please check if contact information is to be used for:**

- |                                       |  |                               |
|---------------------------------------|--|-------------------------------|
| <input type="checkbox"/> Billing Only | <input type="checkbox"/> Response Only | <input type="checkbox"/> Both |
|---------------------------------------|--|-------------------------------|

### **Contact Information:**

<b>Keep Existing Contact(s) &amp; Add Contact Person(s):</b>  -----		
<b>Remove Contact Person(s):</b>  		
Physical Address:		
City:	State:	Zip:
Mailing Address:		
City:	State:	Zip:
Telephone:		Fax:
Applicable NRS (s): (Enter all that apply)		
<p>Terms: Statements will be mailed each month. In order to maintain a current account, the balance in full must be paid within 10 days of receipt. If a credit limit is granted for this application, the account may be suspended if the credit limit is exceeded or if the account is not current. If an account is suspended, services will not be provided until the account terms are satisfied. Any change to organization information including address must be reported within 5 business days.</p> <p>I, the undersigned, have the authority and am the responsible party to update an account on behalf of the Company / Organization listed above. I agree to the terms listed above and I understand that any credit limit associated with this account is at the discretion of the Department of Public Safety, General Services Division.</p>		
Signature: _____ Printed Name: _____ Date: _____		